CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

2010 FEB 24 PM 2: 51

A Public Document



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Dottice Agency Court	NAME (LA	(ST)	(FIRST)	(MIDDL	E)	DAYTIME TELEPHONE NUMBER
A. Schedule Summary	Cook		Paul	Jose	ph	
Name of Office, Agency, or Court: California State Assembly Division, Board, District, if applicable: District 65 Your Position: Assembly Member ➤ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) Agency: — Position: Z. Jurisdiction of Office (Check at least one box) State — County of — Multi-County — Other — OT- O The period covered is January 1, 2009, through the date of leaving office. — OT- O The period covered is January 1, 2009, through the date of leaving office. — Candidate Election Year: Name of Office, Agency, or Court: Late inducing this cover page: 7 Check applicable schedules or "No reportable interests." I have disclosed interests on one or more of the attached Invostments (least she note) to material one of the attached schedules: Schedule A-1			CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
Name of Office, Agency, or Court: California State Assembly Division, Board, District, if applicable: District 65 Your Position: Assembly Member ➤ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) Agency: — Position: Z. Jurisdiction of Office (Check at least one box) State — County of — Multi-County — Other — OT- O The period covered is January 1, 2009, through the date of leaving office. — OT- O The period covered is January 1, 2009, through the date of leaving office. — Candidate Election Year: Name of Office, Agency, or Court: Late inducing this cover page: 7 Check applicable schedules or "No reportable interests." I have disclosed interests on one or more of the attached Invostments (least she note) to material one of the attached schedules: Schedule A-1				•		
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District 65 Your Position: Assembly Member ▶ If filling for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) Agency: Position: Position: Z. Jurisdiction of Office (Check at least one box) State County of City of Multi-County Other 3. Type of Statement (Check at least one box) Assuming Office/Initial Annual: The period covered is January 1, 2009, through December 31, 2009. Leaving Office Date Left: (Check one) O The period covered is January 1, 2009, through the date of leaving office. O The period covered is January 1, 2009, through the date of leaving office. O The period covered is January 1, 2009, through the date of leaving office. Candidate Election Year: Statement Very man of the attached interests on one or more of the attached interests." I have disclosed interests on one or more of the attached interests." I have disclosed interests on one or more of the attached interests." I have disclosed interests on one or more of the attached interests." I have disclosed interests on one or more of the attached interests." I have disclosed interests on one or more of the attached interests on one or more of the attached interests." I have disclosed interests on one or more of the attached interests." I have disclosed interests on one or more of the attached interests on one or more of the interests on one or more of the interests on one or more of the interests on one or	California S	State Assembly		including th	is cover page	
District 65 Your Position: Assembly Member Fiffiling for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) Agency:		ard, District, if applicat	le:		able schedu	es or "No reportable
Assembly Member If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) Agency: Position: Position: Schedule A-2 Yes - schedule attached Investments (less than 10% Ownership)					sed interests	on one or more of the
If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) Agency:				and the second s		
Agency:				Schedule A-1	X Yes − s	chedule attached
Agency:				Investments (L	ess than 10% Own	ership)
Schedule B Real Property	5 58	50 JESS - FE	× **	Schedule A-2	Yes - s	chedule attached
Position: Position: Real Property Schedule C Yes - schedule attached Income, Loans, & Business Positions (Income Other than Gitts and Travel Payments) Schedule D Income, Loans, & Business Positions (Income Other than Gitts and Travel Payments) Schedule D Income - Gitts Schedule D Income - Gitts Schedule E Xes - schedule attached Income - Gitts Schedule E Xes - schedule attached Income - Gitts Travel Payments Or- No reportable interests on any schedule	Agency:			Investments (1	0% or Greater Owr	nership)
2. Jurisdiction of Office (Check at least one box) State					X Yes − s	chedule attached
State County of Check at least one box State County of State County of City of City of City of City of County of City	Position:			Real Property		
State County of City of Schedule D Schedule D Income - Gifts						
County of	2. Jurisdic	ction of Office (Check at least one box)			OSILIONS (Income Other than Gifts
Schedule E	▼ State			Schedule D		chedule attached
Multi-County	☐ County of			Income - Gifts		
Other	☐ City of —			Schedule E	X Yes - s	chedule attached
No reportable interests on any schedule	☐ Multi-Cour	nty		Income - Gifts	- Travel Paym	ents
3. Type of Statement (Check at least one box) □ Assuming Office/Initial Date:/ Annual: The period covered is January 1, 2009, through December 31, 2009. □ OT- ○ The period covered is/, through December 31, 2009. □ Leaving Office Date Left:/ (Check one) ○ The period covered is January 1, 2009, through the date of leaving office. □ OT- ○ The period covered is/, through the date of leaving office. □ Candidate Election Year:	Other			1	-or-	
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 ✓ Annual: The period covered is January 1, 2009, through December 31, 2009. Or- ○ The period covered is/, through December 31, 2009. □ Leaving Office Date Left:/ ○ The period covered is January 1, 2009, through the date of leaving office. O The period covered is/, through the date of leaving office. ○ The period covered is/, through the date of leaving office. □ Candidate Election Year: 	3. Type of	Statement (Che	ck at least one box)			
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through December 31, 2009. -Or- O The period covered is/, through December 31, 2009. Leaving Office Date Left:/ (Check one) O The period covered is January 1, 2009, through the date of leaving office. -Or- O The period covered is/, through the date of leaving office. Candidate Election Year: Signature I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed February 24, 2010	Annual:	The period covered is	January 1, 2009.			
O The period covered is/, through December 31, 2009. Leaving Office Date Left:/ (Check one) O The period covered is January 1, 2009, through the date of leaving office. O The period covered is/, through the date of leaving office. Candidate Election Year:			canoning out means			
December 31, 2009. Leaving Office Date Left:/	}	-or-				
□ Leaving Office Date Left:/ of California that the foregoing is true and correct. (Check one) ○ The period covered is January 1, 2009, through the date of leaving office. □ The period covered is/, through the date of leaving office. □ Candidate Election Year:			, through	15.51		3
Date Signed -Or- O The period covered is/, through the date of leaving office. Candidate Election Year:			J			
O The period covered is/, through the date of leaving office. Signature Statement with your filing official.)			ry 1, 2009, through the	Date Signed	Feb	
the date of leaving office. Signature Signature Statement with your filing official.)	400pt 2000	processors and proces	201 mg / 4			ui, day, year)
Candidate Election Year:			/, through	Signature		statement with your filing official.)
	☐ Candidate	Election Year:				1 (550 LEVING) (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

1. "好","我想要我们。	ORNIA FORM 700 ITICAL PRACTICES COMMISSION
Name	
	Paul Cook

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Pfizer GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Stock - Pharmacy FAIR MARKET VALUE □ \$2,000 - \$10,000 □ \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:
IF APPLICABLE, LIST DATE: /	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C)	FAIR MARKET VALUE \$2,000 - \$10,000
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C)	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT \$5tock Other (Describe) Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
Paul Cook		

	·
► STREET ADDRESS OR PRECISE LOCATION	►. STREET ADDRESS OR PRECISE LOCATION
Parcel # 058901175	Parcel # 058901176
CITY	CITY
Yucca Valley, CA	Yucca Valley, CA
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
S500 - \$1,000 S1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
•	

SCHEDULE B Interests in Real Property (Including Rental Income)

	ORNIA FORM	-
Name		
	Paul Cook	

STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
Parcel # 058901177	Parcel # 058901178
CITY	CITY
Yucca Valley, CA	Yucca Valley, CA
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	S0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

of business on terms available to members of the publiand loans received not in a lender's regular course of	lending institutions made in the lender's regular course lic without regard to your official status. Personal loans business must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
ľ	
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
S500 - \$1,000 S1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
I	
Comments:	

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Paul Cook

The state of the s	The state of the s	
► NAME OF SOURCE	► NAME OF SOURCE	
California Women Lead	California Hospital Association	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
1029 K Street, Suite 35, Sacramento, CA 95814	1215 K Street, Suite 800, Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
01 , 26 , 09	03 <u>11 09</u> <u>\$ 23.92</u> <u>Food & Beverage</u>	
\$		
NAME OF SOURCE	► NAME OF SOURCE	
California Professional Firefighters	Anheuser Busch	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
1780 Creekside Oaks, Sacramento, CA 95833	1201 K Street, Suite 730, Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
03 / 12 / 09 s 7.76 Lunch	03 , 18 , 09 _{\$} 25.86 Lunch	
\$		
NAME OF SOURCE	► NAME OF SOURCE	
California Cattleman's Association	League of California Cities	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
1221 H Street, Sacramento, CA 95814	1400 K Street, Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
03 <u>/</u> 24 <u>/</u> 09 <u>\$</u> 20.00 Breakfast	08 , 20 , 09 s 40.32 Food & Beverage	
	/	
Comments:		
Commence.		

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
Paul Cook		

▶ NAME OF SOURCE	► NAME OF SOURCE
Pala Band of Mission Indians	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
12196 Pala Mission Road, Pala, California 92059	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
05 _/ 09 _/ 09 _{\$} 30.00 Lunch	
05 / 09 / 09 _{\$} 35.00 Tote bag, shirt & flag	
▶ NAME OF SOURCE	▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
▶ NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	<u></u>
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Paul Cook

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

NAME OF SOURCE	► NAME OF SOURCE
LA World Airports	11
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1400 K Street	
CITY AND STATE	CITY AND STATE
Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 01 / 01 / 09 - 12 / 31 / 09 AMT: \$ 1520.00	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one) 🔀 Gift 🔲 Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: Ontario Airport parking while on legislative business	DESCRIPTION:
► NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	